Name in Full: Allen Allnutt

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died — Town: near Laytonsville — County: Montgomery

Date of death: 9th — Month: November — Day: Wednesday — Age: Years: one — Months: three — Days: 29

Sex: Male — Color or Race: White — Birthplace: Montgomery Co Md

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name: Wm E Allnutt — Father's Birthplace: Montgomery Co Maryland

Mother's Maiden Name: Eva J Baker — Mother's Birthplace: Montgomery Co Md

Name of person giving information: Fillmore J Burriss — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Membranous Croup — How long: 48 hours

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: B B Crawford

Address: Laytonsville Maryland

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Bucey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Martinsburg | County: Montgomery

Date of death: Month: Nov | Day: 14 | Age: Years | Months | Days

Sex: Female | Color or Race: Negro | Birthplace: Martinsburg

Occupation | Where Residing if not at place of death

Married, Single or Widowed | Name of Wife or Husband

Father's Name: John Bucey | Father's Birthplace: Martinsburg

Mother's Maiden Name: Anne Rideout | Mother's Birthplace: Martinsburg

Name of person giving Imformation: Harriet Rideout | How related to deceased: Grand Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Still-born S.I | How long

Immediate | How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: R. L. Slate

Address: Poolesville Md

Accident or Suicide?

LIBRARY BUREAU A6881G

Name in Full: Mary Jane Davis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lay Mill — County: Montgomery

Date of death 1908: Month: Feb — Day: 27

Age: Years: 79 — Months: 6 — Days: 10

Sex: Female — Color or Race: Amer. — Birthplace: Md

Occupation: None — Where Residing if not at place of death: Lay Mill

Married, Single or Widowed: Widow — Name of Wife or Husband: Geo. Davis

Father's Name: Isaiah Shaw — Father's Birthplace: Md

Mother's Maiden Name: Miss Linkman — Mother's Birthplace: England

Name of person giving Information: Wm P Beall — How related to deceased: Son in-law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis — How long: 4 days

Immediate: Paralysis — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Eugene Jones M.D.

Address: Redington, Md.

Accident or Suicide? No

PHYSICIAN OR CORONER

LIBRARY BUREAU A88818

Name in Full: Mary Jane Duvall

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Spencerville County: Montg.

Date of death: Month: Nov Day: 20 Year: 1904 Age: Years: 71 Months: Days:

Sex: Female Color or Race: White Birthplace: Pa

Occupation: House Wife Where Residing if not at place of death: Spencerville

Married, Single or Widowed: Name of Wife or Husband: Louis H. Duvall

Father's Name: William Spencer Father's Birthplace: Pa

Mother's Maiden Name: Stark Mother's Birthplace: Pa

Name of person giving Imformation: Louis Duvall How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia How long: 4 days

Immediate: Heart failure How long: 1 day

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Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. R. Ratburn

Address: Spencerville

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Bessie E Hall

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Etchison — County: Montgomery

Date of death: Month: Nov — Day: Tuesday — 1904

Age: Years: 5 — Months: — Days: 9

Sex: Female — Color or Race: Black — Birthplace: Maryland

Occupation: —

Where Residing if not at place of death: —

~~Married, Single or Widowed~~

~~Name of Wife or Husband~~

Father's Name: John T Hall — Father's Birthplace: Montgomery Co

Mother's Maiden Name: Mary Scott — Mother's Birthplace: Montgomery Co

Name of person giving information: — How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Enteritis 105 (106) — How long: 9 days

Immediate: Do — How long: Do

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: B B Crawford

Address: Gaithersville Md

Accident or Suicide?

LIBRARY BUREAU A868 16

Name in Full: Lena Handy

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Gaithersburg; County: Montgomery

Date of death: Month: Nov. Day: 7 1904; Age: Years: 65- Months: — Days: —

Sex: Female; Color or Race: Colored; Birthplace: Md

Occupation: Cook; Where Residing if not at place of death: Place of death

Married, Single or Widow(er); Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Don't Know; Father's Birthplace: —

Mother's Maiden Name: Don't Know; Mother's Birthplace: —

Name of person giving Information: Thos. Fulks; How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Organic Heart Disease; How long: Yrs Years

Immediate: Acute Indigestion; How long: Half hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Eg & Eliz Higgins

Address: Gaithersburg Md

Accident or Suicide?

LIBRARY BUREAU A8231G

Name in Full: Laurence A Hargate

CERTIFICATE OF DEATH

MARYLAND

Died in Town: near Germantown | County: Montg

Date of death: Month 11 | Day 15 | 1904

Age: Years 1 | Months 2 | Days 10

Sex: Male | Color or Race: White | Birthplace: near Germantown

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: — | Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Albert Hargate | Father's Birthplace: 42

Mother's Maiden Name: Mary McCullough. | Mother's Birthplace: Balto Co. Md.

Name of person giving Information: mother. | How related to deceased:

CAUSES OF DEATH

Primary: Marasmus | How long: 3 mo.

Immediate: Asthenia | How long: —

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PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. D. House M.D.

Address: Dawsonville Md.

Accident or Suicide?

LIBRARY BUREAU A88018

Name in Full: Caroline Hood

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: near Sandy Spring — Town — County: Montgomery

Date of death: 1904 — Month: Nov — Day: 6th — Age: 38 — Months: — — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Montg. Co. Md.

Occupation: Cook — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: John Quincy Adams Hood — Father's Birthplace: Montg. Co. Md.

Mother's Maiden Name: Rachel Ann Johnson — Mother's Birthplace: Montg. Co. Md.

Name of person giving information: John L. A. Hood — How related to deceased: Father

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: Eleven months

Immediate: Asthenia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Chas. Farquhar

Address: Olney Md.

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: William Henry Howes

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Germantown; County: Montgomery

TO BE ANSWERED BY NEAREST FRIEND

Date of death: Month: 11; Day: 21; 1904

Age: Years: 64; Months: —; Days: 23

Sex: Male

Color or Race: White

Birthplace: Montg Co

Occupation: Messenger

Where Residing if not at place of death: Germantown Md.

Married, [redacted]

Name of Wife: [redacted] Mary E. Howes.

Father's Name: James G. Howes

Father's Birthplace: Montg Co

Mother's Maiden Name: Rachel E. Barry

Mother's Birthplace: Anne Arundel Co

Name of person giving Information: Brother

How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Grippe 27

How long: 6 Wks.

Immediate: Tuberculosis

How long: 2 yrs.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. N. Sinclers

Address: Germantown Md.

[redacted]

LIBRARY BUREAU ADS515

Name in Full: Benj Neale

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Derwood. County: Monty —

Date of death: 1906 Month: Nov Day: 3 Age: Years: 1 Months: 3 + Days: —

Sex: Male Color or Race: Colored Birthplace: Md —

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single Name of Wife or Husband: —

Father's Name: John T. Neale Father's Birthplace: Md —

Mother's Maiden Name: Martha White Mother's Birthplace: Md —

Name of person giving Information: Wallie Adams. How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Diphtheria How long: 5 days.

Immediate: How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. S. Haddox

Address: Gaithersburg. Md —

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Luther M. Offutt

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Petersville — County: Montgomery

Date of death: Month: 11 — Day: 30 — 1904

Age: Years: 77 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace:

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Kate Offutt

Father's Name: William Offutt — Father's Birthplace: Maryland

Mother's Maiden Name: Scott — Mother's Birthplace: Maryland

Name of person giving information: Kate Offutt — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cerebral hemorrhage — How long: Two weeks

Immediate: Paralysis — How long: One week

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Edward Anderson M.D.

Address: Rockville, Md.

Accident or Suicide?

LIBRARY BUREAU A88018

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Name in Full: Ellan V. Poole

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Poolesville; County: Monty

Date of death: Month: 11; Day: 28; 1904

Age: Years: 53; Months: —; Days: —

Sex: Female

Color or Race: White

Birthplace: Frede Co.

Occupation: Housewife

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Husband: Chas Poole

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Martin House

Father's Birthplace: Frede. Co.

Mother's Maiden Name: Elizabeth Cartzendafner

Mother's Birthplace: Frede Co

Name of person giving Imformation: Husband

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Hemorrhage — How long: 6 wks

Immediate: Asthenia — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: U D. House M.D.

Address: Dawsonville Md.

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Evelina Waller Poole

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Poolesville; County: Montgomery

Date of death: 1904 November 25

Age: Years 83 Months 6 Days 1

Sex: Female

Color or Race: White

Birthplace: Buck-Lodge Md

Occupation:

Where Residing if not at place of death: Poolesville Md

Married, Single or Widowed:

Name of Wife or Husband: Dr Thomas Poole

Father's Name: Thomas Hyde

Father's Birthplace: Washington D.C.

Mother's Maiden Name: Emily Waller

Mother's Birthplace: Buck Lodge Md

Name of person giving Imformation: Alice Gott

How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Old age

How long

Immediate

How long Sudden

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Richard T Gott

Address: Poolesville Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: James Powell

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Sandy Spring — County: Montgomery

Date of death: Month: Nov — Day: 27 — 1904

Age — Years: 51 — Months: — — Days: —

Sex: ~~Colored~~ Male — Color or Race: Colored — Birthplace: Montg. Co. Md.

Occupation: Farm Hand — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband: — —

Father's Name: Basil Powell — Father's Birthplace:

Mother's Maiden Name: Nancy Snowden — Mother's Birthplace: Howard Co.

Name of person giving information: Mary Gilpin — How related to deceased: No relation

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: About 12 days

93

Immediate: Asthenia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Chas. Farquhar.

Address: Olney Md.

Accident or Suicide?

LIBRARY BUREAU A4481B

Name In Full

George Robinson

Certificate of Death

Died at Town: Martinsburg County: Montgomery MARYLAND

Date 1904 Month: Nov. Day: 29 | Age Y. 52 M. D. | Native of Va | Occupation Laborer

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living 2

Husband / Wife of Susan Hood

Father's Name unknown | Mother's Maiden Name unknown

Cause of Death: Primary

Immediate Typhoid Fever — How long sick 3 week

Reported by B. W. Walling M.D.

Address Poolesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7989

Name in Full: Joseph Shipley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Gaithersburg — County: Montgomery

Date of death: Month: Nov — Day: 1 — 1904

Age: Years: 3 — Months: 2 — Days:

Sex: Male — Color or Race: Colored — Birthplace: Montgomery Co

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Ernest Shipley — Father's Birthplace: Montgomery

Mother's Maiden Name: Sallie Turner — Mother's Birthplace: Washington D.C.

Name of person giving Information: James Lee — How related to deceased: None

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Lobar Pneumonia — How long: 1½ day

Immediate: Heart Failure — How long: 2 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: V H Dyson

Address: Laytonsville

Montgomery Co Md

Accident or Suicide?

LIBRARY BUREAU A66016

Name in Full

Certificate of Death

Pattie R. Stabler

Town

County

Died at Sandy Spring Montgm MARYLAND

Date 1904 Month 11 Day 20 | Age Y. 67 M. 4 D. 28 | Native of Md | Occupation House wife

~~Male~~ White Married ~~Widow~~ Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living 3 ~

~~Husband~~ Wife of Fendric Stabler

Father's Name Roger Brooke

Mother's Name Sallie C. Brooke

Cause of Death: Primary — Paralysis. 66

Immediate. Coma

How long sick 18 weeks

~~Accident~~, Suicide, Homicide

Reported by Roger Brooke, M. D.

Address Sandy Spring Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full: Thomas

CERTIFICATE OF DEATH

MARYLAND

Died at: near | Town: Brookeville | County: Montgomery

Date of death	Month	Day	Years	Months	Days
1904	Nov	3rd	—	—	At Birth

Sex: Female Colored | Color or Race: Colored | Birthplace: near Brookeville

Occupation: + | + | Where Residing if not at place of death: + | +

Married, Single or Widowed: Single | Name of Wife or Husband: + | +

Father's Name: Edward Clifton Thomas | Father's Birthplace: Montg. Co. Md.

Mother's Maiden Name: Mary Simpson | Mother's Birthplace: Montg. Co. Md.

Name of person giving Information: Edward Clifton Thomas | How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Brights D | How long

Immediate | How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas. Farquhar, M.D.

Address: Olney Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full

Certificate of Death

Thomas Henry Thornton

Town: Brookeville County: Montg-

Died at Brookeville Montg- MARYLAND

Date 1904 Month Nov. Day 15 | Age Y. 2 M. D. | Native of Montg Co. Md | Occupation —

Male / ~~Female~~ | ~~White~~ / Colored | ~~Married~~ / Single | ~~Widowed~~ / Widower | ~~Divorced~~ / Number of children living

Husband of —

Wife

Father's Name Johnnie Bowie

Mother's Name Hamiett Ann Thornton

Cause of Death — Primary: Tuberculosis (Pulmonary) How long sick Six weeks

Immediate: Pneumonia 27

Accident, Suicide, Homicide

Reported by Dr. W. F. Stearn

Address Brookeville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name in Full: Harry West

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Rockville | County: Montgomery

Date of death 190 4 | Month: 11 | Day: 18

Age: Years — | Months: 10 | Days —

Sex: Male | Color or Race: Negro | Birthplace: Maryland

Married, Single or Widowed: Single | Occupation: None

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Harry West | Father's Birthplace: Virginia

Mother's Maiden Name: Catharine Green | Mother's Birthplace: Maryland

Name of person giving information: Catharine West | How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Improper food | How long: One month

Immediate: Diarrhea | How long: One week

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Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Edward Anderson M.D.

Address: Rockville, Md.

Accident or Suicide? No.

LIBRARY BUREAU A08816